

VENDOR INSURANCE APPLICATION OVERVIEW (2018)

Who Can Apply?

- Retail Kiosks and Vendors
- Product Demos
- Product or Service Displays/Event Exhibits, Automobiles – parked/vehicles on display

How to Apply?

The Two-Page Application and Full Payment must be received a minimum of **2 weeks prior** to the start of the event. Coverage is only valid if premium has been paid in full. Confirmation will only be provided upon receipt of completed application and payment. Fax copies of applications will only be accepted if payment is made by on-line banking.

Payment Options

- By Cheque, payable to: Pearson Dunn Insurance Inc.
- By On-Line Banking -- *(See application for online banking instructions)*

Insurance Rates for Vendors and Exhibitors at CanWEA

Premiums per Vendor/Exhibitor– **Excluding** Products-Completed Ops

7 days of coverage* \$3,000,000 Commercial General Liability	Premium (tax & fee included) \$118.80
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Master Policy Term: December 31, 2017 to December 31, 2018

Premium includes:

- \$50 broker fee
- **8% Tax Applicable to Premium & Fee**

Applications to be forwarded to:

Pearson Dunn Insurance Inc., 435 McNeilly Road, Suite 103, Stoney Creek, Ontario, L8E 5E3

Email: evillanucci@pearsondunn.com Tel: (905) 575-1122 or 1-800-461-5087 Ext 152 Fax: (905) 643-8321



VENDOR INSURANCE APPLICATION

1. Name of Insured: _____
2. Mailing Address: _____
3. Phone No. _____ Email: _____
4. Type of Booth: _____
5. Product/Service Sold/Promoted: _____
6. Name of Festival/Event: _____
7. Location of Event: _____
8. Any losses in the past five years? Yes No **If Yes, Attach Loss Record for Past Five Years**
9. Do you offer:
 - a. Food Yes No > If Yes, Fee Being Charged? Yes No
 - i. If yes, what type of food: _____
 - b. Alcoholic Beverages Yes No > If Yes, Fee Being Charged? Yes No
 - i. If yes, what type of beverage: _____
10. Do your operations include interacting with the public in any way other than describing your product, and/or handling out information, forms for attendees to complete, samples or giveaways? Yes No
 - a. If yes, please describe additional operations: _____

Additional Insured: Canadian Wind Energy Conference Partnership
 1500-480 University Ave
 Toronto On M5G 1V2

Coverage is extended to any Additional Insureds **included** in the application at no additional premium.

11. The insurance program does not allow coverage for the following excluded activities/products. Do you have any of the following at your booth at any time:

Alcoholic Beverages	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Live Animals	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Amusement Devices (ex: inflatable, rides, trampolines, climbing wall)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	On-Site Equipment Sales/Rentals	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Athletic Performances or Stunts	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Oxygen / Aromatherapy Bars	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Baby or Children's Clothes Toys / Furniture / Car Seats	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Pesticides	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Chemicals or Fertilizers	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Tobacco Products	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Fireworks / Pyrotechnics	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Vehicles in Motion	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Flammable Liquids or Gasses	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Watercraft Exhibits on Water	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Installation, Service/Repair of Products	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Weapons	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

* Application continued on the next page *

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7 Days Coverage – Specify Dates: _____

Coverage Requested: CGL Limit \$3,000,000

Premium:	\$ _____
<input type="checkbox"/> Cheque enclosed	
<input type="checkbox"/> On-Line Payment Confirmation Number:	_____
<i>(see below for online payment instructions)</i>	

THIS APPLICATION IS SUBMITTED WITH THE FOLLOWING SPECIFIC UNDERSTANDING:

- Applicant warrants and represents that the above answers and statements are in all respects true and material to the issuance of an Insurance Policy and that Applicant has not omitted, suppressed or misstated any facts.
- All exclusions in the Policy apply regardless of any answers or statements in this Application.
- If any of the above questions have been answered fraudulently, or in such a way as to conceal or misrepresent any material fact or circumstance concerning this Insurance or the subject thereof, the entire Policy shall be void
- **You must contact our office prior to the event date in order to receive a refund of the premium paid. In the event of cancellation, the administration fee is not refundable.**

Application Signature: _____ Date: _____

Title: _____ Phone: _____

Email: _____

ONLINE PAYMENT INSTRUCTIONS:

Online banking is available through the following banks:

Scotia Bank, TD Canada Trust, RBC (Royal Bank), CIBC, & BMO (Bank of Montreal)

- (a) Add Pearson Dunn Insurance Inc. As a “new bill payee”
- (b) Enter the following account number as applicable: MEMBE4
- (c) Make online payment following normal banking steps. You will receive a payment confirmation number. Record this number in the applicable spot on this application form.

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